



# **2004 Annual Report** of the **Maine Quality Forum**

***Maine Quality Forum  
Maine Quality Forum Advisory Council  
Maine Quality Forum Provider Group***



The Dirigo Health Law, P.L. 2003 Chapter 469, requires the Maine Quality Forum to make an annual report to the Governor and the Joint Standing Committees of the Legislature on Appropriations and Financial Affairs, Health and Human Services, and Insurance and Financial Services. This report, issued in September 2004, constitutes the Board's first annual report.

For more information or additional copies of this report, contact the Dirigo Health Agency, 211 Water Street, Augusta, Maine 04333.

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## Table of Contents

<b>I.</b>	<b>Introduction</b>	<b>1</b>
<b>II.</b>	<b>Accomplishments 2004</b>	<b>3</b>
	a. Building Capacity	3
	b. Measuring Quality	5
	c. Promoting Safety	6
	d. Promoting Systems Supporting Quality	7
	e. Creating National Alliances	9
	f. Reaching Out	9
	g. Other Key Initiatives	10
<b>III.</b>	<b>Quality of Healthcare in Maine</b>	<b>11</b>
	a. Prevention Quality Indicators	12
	b. Hospital Care Quality	14
	c. Patient Safety Indicators	14
<b>IV.</b>	<b>Looking Ahead</b>	<b>17</b>
<b>V.</b>	<b>Stay Current and Dig Deeper with MQF</b>	<b>18</b>

# INTRODUCTION

## QUALITY OF HEALTHCARE IN MAINE AND THE UNITED STATES

The United States faces challenges in the safety and quality of our healthcare. Nationwide, patients are injured by medical mistakes that should have been prevented. Frequently patients do not get the care that they need. Sometimes patients get care that does not make them healthier. Too often, patients are injured because of the lack of a culture of safety. Healthcare costs are rising at alarming rates. In response to increasing costs, decreasing access, and significant challenges in patient safety and quality the Maine Legislature enacted the Dirigo Health Reform Act in June 2003.

The purpose of the Dirigo Health Reform Act is to ensure that all Maine's people have access to affordable, high quality healthcare. The Act created the Dirigo Health Agency (DHA). DHA is an independent executive agency responsible for providing comprehensive, affordable health care coverage and for assessing, reporting, and improving the quality of healthcare in the state. One of DHA's duties is to establish and operate the Maine Quality Forum and the Maine Quality Forum Advisory Council. Per the legislation, the duties of the Advisory Council are:

- Convene a Provider's Group to provide input and advice to the Council
- Assist the DHA Board by providing expertise in healthcare quality
- Advise and support the Maine Quality Forum
- Make recommendations regarding quality for inclusion in the State Health Plan
- Serve as a liaison between the Forum and other healthcare quality organizations.

The Maine Quality Forum is the part of the Agency responsible for advocating for high quality healthcare and helping Maine's people make informed healthcare choices. By legislation the duties of the Maine Quality Forum are:

- Research Dissemination
- Healthcare Quality and Performance Measures
- Data Coordination
- Public Reporting of Healthcare Quality Information
- Educate and Engage Consumers to Help With Informed Decision Making
- Assess and Guide the Use and Distribution of New Medical Technology in the State (including informing the CON process)
- Encourage Adoption and Assist Implementation of Health Information Technology
- Offer Recommendations to the State Health Plan
- Publish an Annual Report

In the past year, MQF has focused its efforts on the issue of developing and reporting healthcare quality measures and the adoption of health information technology.

This report presents information that shows that healthcare in Maine is better than the national average. In 2004 Dr. Elizabeth McGlynn and colleagues at Rand conducted an analysis of healthcare services across the country. This study, funded by the Robert Wood Johnson Foundation, found that regardless of where we live we only receive the recommended care 50% of the time. The Maine Quality Forum asserts that the national average is unacceptable for the people of Maine. When we consider our very high costs of healthcare the national average seems even more unacceptable. The people of Maine deserve a healthcare system that sets the national standards for safety and quality. The Maine Quality Forum was developed to help Maine lead the nation in improving patient safety and healthcare quality.

The Maine Quality Forum helps improve healthcare quality and patient safety by measuring and reporting present performance and helping improve future performance. To improve future performance the Maine Quality Forum will continue to promote investment in systems that support improvement in quality of care.

The Maine Quality Forum promotes the use of electronic health records and other health information technologies as a means of moving toward paperless hospitals and doctor's offices. Research shows that when hospitals and doctor's offices use electronic records, rather than paper, mistakes are significantly reduced. When electronic systems are used in the place of paper systems doctors have access to the latest information at the moment they make treatment decisions. Currently the Maine Quality Forum, with key partners, is planning a health information network that allows immediate, controlled access to vital health record information. When complete, this network will allow providers anywhere in Maine to access, with patient permission, vital health information (e.g. current medications) about that patient regardless of where that patient lives.

Looking forward, MQF and the Advisory Council will dedicate efforts toward engaging, educating, and activating the people of Maine regarding the use of available information sources to guide interactions with and decisions about the healthcare system and individual health behaviors, expanding the development and reporting of healthcare quality measures, and addressing the issues associated with healthcare technology. Current and future projects include:

- MQF Safety Star Recognition Program,
- a comprehensive provider database, paid claims database analyses,
- community engagement curricula, and
- technology development and analysis.

## II

### ACCOMPLISHMENTS 2004

- **Building Capacity**
- **Measuring Quality**
- **Promoting Safety**
- **Promoting Systems Supporting Quality**
- **Creating National Alliances**
- **Reaching Out**
- **Other Key Initiatives**

#### A. Building Capacity

##### *The Challenge*

Create an organization (MQF and Advisory Council) within a newly created agency, that develops and reports, to the public and the healthcare system, actionable information about people's health and the healthcare they receive.

##### *Our Response*

Create within the Dirigo Health Agency an institute focused on healthcare safety, quality and technological advancement.

As in any start up organization, the Maine Quality Forum and the Maine Quality Forum Advisory Council invested time in creating their own processes and methods. The following positions were filled:

##### Advisor Council and Committees

MQF-AC Chair	Dr. Robert McArtor
MQF-AC Vice-Chair	Becky Colwell, R.N.
Technology Assessment Committee Chair	Mr. Jonathan Beal Esq.
Performance Indicator Committee Chair	Dr. Jan Wnek
Provider Group Chair	Dr. Phil Elkin
Community Engagement Committee Chair	Becky Colwell, R.N.

The Advisory Council and its varied Committees maintain a clear dedication to the mission of the Maine Quality Forum. They provide input from the perspectives of lay consumers, providers, employers and health plans. Council

members contributed extensive amounts of time and thoughtful discussion to the issues and projects. Key milestones include the Technology Assessment Committee adopting an internationally recognized method for health technology assessment and the Performance Indicator Committee recommending the process indicators included in the Maine Health Data Organization Chapter 270 rules.

Dennis Shubert, M.D., Ph.D. is the Executive Director of the Maine Quality Forum. He brings an extensive background in clinical care and healthcare administration. He is assisted by a Comprehensive Health Planner (MA Community Psychology), an Epidemiologist (MPH), and an Administrative Secretary. The MQF will be adding a Research Associate and a Health Services Evaluation Scientist to the support team.

The Quality Forum is supported by collaborative relationships with the Maine Health Data Organization, the Maine Health Data Processing Center, and the Muskie School of Public Service.

### The Maine Quality Forum-Advisory Council

As prescribed in the legislation, The MQF-AC is a 17 member council comprised of representatives from across the healthcare spectrum. The Advisory Council rapidly is developing into the intended public asset of informed, engaged and committed representatives who ensure that all points of view concerning safety and quality issues of healthcare are explored. The Council provides a unique forum for establishing thresholds of quality considering the concerns of providers, payers, government and the public. The Council's ability to advise the Forum and the other portions of the Dirigo Health Reform effort provides the public process necessary to achieve confidence in the Forum's efforts. Dr. Robert McArtor's unique position with Maine's largest healthcare provider and his statewide reputation of integrity and accomplishment greatly facilitated the progress of the Maine Quality Forum and the Maine Quality Forum-Advisory Council.

### Website

The Maine Quality Forum web site (on the web at [www.mainequalityforum.gov](http://www.mainequalityforum.gov)) debuted in November 2004. The MQF web site provides the following to the people of Maine:

- Publicly reports information showing that our medical care, in Maine, depends in large part on where we live. Although this is information that Maine's providers have known for nearly two decades this is the first time, in the United States, that this information is published for healthcare consumers.

- A key resource for publishing Maine healthcare quality data and providing information to help consumers make informed choices regarding their healthcare providers.
- Information and techniques that help consumers take control of their health and healthcare
- An easy link to other websites providing reliable information about health problems of daily interest to Maine's citizens.
- A connection to the public for information about the Forum and its activities.

## **B. Measuring Quality**

### *The Challenge*

To provide the people of Maine with actionable information focused upon the quality of healthcare in the state.

### *Our Response*

Following the legislative mandate the Maine Quality Forum, in collaboration with multiple stakeholders, develops measures of quality and methods of reporting that help consumers and providers change behavior and make informed choices. We believe that the information we provide should allow and support change.

### Quality Metrics

We are flooded with descriptive, healthcare quality information that provides us a general sense of our failings and successes. But, we do not get enough detail to help individual patients and providers change behavior and make informed choices. In collaboration with the Maine Health Data Organization, the Maine Quality Forum has created a mechanism for the submission of quality metrics by Maine healthcare providers.

Quality metrics are measurements of healthcare generally agreed upon as useful for improving safety and quality. The Maine Quality Forum worked with representatives from Maine's provider communities, consumer groups, Maine businesses, and insurers (Pathways to Excellence Group) to develop metrics that will allow us to better understanding how well our healthcare institutions provide us with the accepted best practices in healthcare. Each metric requires submission of data from the providers themselves. The information collected about the use of best practices for the care of *heart attack*, *heart failure* and *pneumonia* is identical to information required by the Centers for Medicare and



Medicaid Services. This work led to the MQF/MHDO-proposed changes in Chapter 270 of the MHDO's rules guiding the collection of quality data.

Public reporting of this information is intended to demonstrate provider's efforts to comply with accepted best practices. Best practices are treatments upon which experts agree. The public information also allows consumers to consider provider performance when they choose their healthcare provider.

With MHDO's support, MQF has proposed rules requiring hospital submission of data for seven nurse sensitive indicators recommended by the National Quality Forum and the Maine Quality Forum Advisory Council's report on nurse: patient ratios. The nurse sensitive indicators are intended to provide objective information about the availability and training of caregivers in Maine's hospitals. The nurse sensitive indicators are a beginning in measuring the amount and effect of resources used in inpatient care.

### Review of LD 616 Nurse/Patient Ratios

The Maine Quality Forum Advisory Council was asked to review the issue of nurse/patient ratios, and the rules of the Department of Human Services on direct-care registered nurse staffing. The report concludes that there is no evidence that imposition of minimum nurse staffing ratios is a proven method of improving quality of care. The report did suggest that information describing the issue of nurse staffing is inadequate in Maine and therefore, suggested adoption of the National Quality Forum nursing sensitive indicators.

## **C. Promoting Safety**

### *The Challenge*

Safety is a systemic issue. The promotion of safer systems of care requires an emphasis upon organizational change within all institutions that make up the healthcare system. The challenge is to use information and community engagement in a way that stimulates systemic change.

### *The Response*

The Maine Quality Forum is using the principles and tools of transparency and accountability to stimulate the development of inherently safer systems of care. By analyzing and publicly reporting data regarding healthcare safety the Maine Quality Forum hopes to catalyze efforts to create systems of care designed with safety as an organizational commitment.

## Identifying Opportunities for Improvement with Sentinel Events

The first sentinel event report from the Maine Department of Health and Human Services, Division of Licensing and Certification is for 2004 issued January 14, 2005. (detail and comparison to Minnesota on the MQF website) <http://www.mainequalityforum.gov/whatsnew.html>.

Maine adopted a limited number of the National Quality Forum's 27 sentinel events. The report outlines 15 reportable deaths and 4 wrong surgeries or surgery on the wrong body part. In Maine, a Sentinel Event Team from the Division of Licensure and Certification made an onsite visit for every reported event. Each institution also performed its own detailed investigation (root cause analysis). A failure of communication was the most frequently cited factor in a sentinel event. Failure to perform to standard of care (as widely accepted) was the second most frequent factor at 50%. Human factor (failure of training) contributed in 41% of the events. The Maine Quality Forum supports the Division of Licensing's request for a more complete spectrum of reporting. The rationale is that detailed and disciplined review of all 27 NQF events provides opportunities to change and improve systems of care.

### **D. Promoting Systems Supporting Quality**

#### *The Challenge*

The Maine Quality Forum must identify and promote, within our legislative mandate, opportunities, approaches, and technologies that support system change and organizational development that increases the quality of our healthcare. To shift a statewide system that accounts for 17% of Maine's economy requires an emphasis on long-term, statewide change efforts.

#### *Our Response*

When the Forum believes that a state-level effort will generate positive energy the Maine Quality Forum will initiate the effort or provide substantive support to an existing effort.

## PROMOTION OF ELECTRONIC HEALTH INFORMATION

The Dirigo legislation mandates MQF to encourage and assist in the adoption and implementation of electronic technology that supports and promotes improved healthcare quality. Electronic health records and the interconnection of electronic health records are considered very powerful tools to improve healthcare quality.

The change from a paper-based system to an electronic system is difficult. Maine's innovative providers are close to achieving paperless systems after years of effort and significant investment (both financial and human capital).

Among these innovators there are many who yet have not seen a meaningful return on their investment. Many providers have not invested in electronic health record systems.

The Maine Quality Forum realizes that the demand for information about safety and quality by government institutions, purchasing/paying coalitions, and private consumers can only be fully satisfied by paperless systems supporting healthcare. The Maine Quality Forum seeks to continue the movement to an electronic health record by helping reduce barriers to adoption and looking for opportunities to partner with existing efforts to hasten the implementation of health information technology. The Forum has chosen to help with the financial barriers in the following ways:

- By promoting “Rewarding Performance” (paying a bonus to innovative providers)
- By decreasing the cost of borrowed money required by providers.
- By seeking grants that help with the adoption of health information technology
- By continuing work with payers and plans to develop innovative incentive and reward programs that increase payments to providers that adopt and effectively use paperless technologies

The Forum is developing plans to assist providers with the necessary technical assistance to make adoption easier. The MQF is working with statewide leaders in electronic health record implementation to understand ways in which we can support and augment their work. These early adopters/system changers also provide important lessons learned that the MQF can publish.

Lastly, the Maine Quality Forum supported the inclusion of language in the CON Procedures Manual that allows priority to projects filed by providers with a demonstrated investment in electronic health information technology.

### Interconnectivity

Interconnecting electronic health information is a separate challenge. The ability of a provider in Fort Kent to obtain emergency medical information about a patient usually cared for in Portland is critical to safety and quality. Timely information can avoid adverse medication interactions, unnecessary hospitalizations and expensive repeat tests. The Maine Quality Forum, the Bureau of Health and the Maine Health Access Foundation have successfully funded the Maine Health Information Center’s feasibility study, Maine Health Information Network Technology (MHINT). The project found MHINT to be feasible and is establishing requirements for implementation.

## **E. Creating National Alliances**

### *The Challenge*

Nationally we have reached a critical mass supporting changes in our healthcare system. The challenge for the Maine Quality Forum is to leverage the current momentum, intellectual developments, and national resources while we lead the way as the nation's laboratory for healthcare reform.

### *Our Response*

The MQF has formed alliances and working relationships with national organizations and nationally recognized leaders and scholars that generate reciprocal benefits.

## **INTERACTION WITH NATIONAL ORGANIZATIONS**

The Maine Quality Forum joined the National Quality Forum on the advice of the Advisory Council. The National Quality Forum has become the national organization for the establishment of "national voluntary consensus standards". The MQF closely follows NQF lead in the use of indicators.

Dr. Dennis Shubert, the MQF Director was chosen to sit on the National Quality Forum steering committee for establishment of rural sensitive hospital quality indicators and other activities.

Dr. Dennis Shubert is a member of Maine's delegation to the National Governor's Association Policy Academy on Chronic Disease Prevention and Management.

The Maine Quality Forum has generated a working awareness of its efforts within the Agency for Healthcare Research and Quality, the American Medical Association, Health Dialog, and the Office of the National Coordinator for Health Information Technology.

## **F. Reaching Out**

### **COMMUNITY ENGAGEMENT - CONSUMER EDUCATION AND ACTIVATION**

#### *The Challenge*

A healthy state requires individual citizens who are involved in their own health and their community's health. As we become more engaged, educated and active we are better able to take control of our health and healthcare. The challenge for MQF is to contribute effectively and efficiently to the community engagement and empowerment effort.

## *Our Response*

The Maine Quality Forum has established partnerships with Maine businesses, Maine universities, and other State Agencies to develop strategies for designing and delivering meaningful community education programs. In partnership with the Maine Health Management Coalition, the State Division of Employee Health and Benefits and Bath Iron Works, the Maine Quality Forum is developing and testing models for promoting citizen activation regarding informed health decision-making. Emerging partnerships with Maine's university researchers presents new grant opportunities to evaluate the effectiveness of our educational efforts. Cooperative efforts with other state agencies (e.g. Bureau of Health) hold great promise for coordinated efforts reaching out to all Maine citizens.

Chris McCarthy, Quality Initiatives Administrator, is a member of the Maine Health Management Coalition's Employee Activation Steering Committee. This group is guiding an effort to help coalition members empower employees to make informed healthcare decisions.

## **G. Other Key Initiatives**

1. The Maine Quality Forum provides recommendations regarding healthcare quality for inclusion in the State Health Plan. When requested, the Advisory Council provides advice regarding the quality implications of the State Health Plan
2. The MQF conducts emerging technology evaluations to guide the adoption and distribution of new medical technologies in Maine.
3. The MQF provides recommendations to the Certificate of Need Program. Projects recommending new technology through the CON process must have the MQF opinion on the appropriateness of the new technology for Maine prior to CON approval.
4. The Maine Quality Forum considers and reports on the issue of inappropriate service utilization where credible information can be collected.

### III

## QUALITY OF HEALTHCARE IN MAINE

### The Starting Point

#### *The Challenge*

It is impossible to know if you are moving toward your destination if you do not know your starting point. The Maine Quality Forum's challenge is to understand where Maine stands regarding the quality of our healthcare and use that understanding to guide Maine's improvement efforts.

#### *Our Response*

The Maine Quality Forum continues to develop the capacity to provide, in conjunction with the Maine Health Data Organization, annual reports on the quality of healthcare in Maine. As stated above, the Forum's website contains information regarding geographic variation in procedures and inpatient admissions. The analysis demonstrates that in Maine, where you live can determine the care you receive. The Maine Quality Forum agrees with Dr. Jack Wennberg's lifetime body of work which asserts that where you live should not determine your treatment.

#### UTILIZATION OF UNIQUE MAINE DATABASES

Maine is uniquely positioned to lead the country in promotion of improved access, quality and efficiency of healthcare. Maine was one of the first states to develop a hospital discharge database. The Maine Quality Forum has used the discharge database to describe the differences of health care across Maine. The Forum has also used the database for response to specific questions about quality of inpatient healthcare. The Forum concluded that the database when used this way does not presently allow us to separate Maine providers based on quality ([www.mainequalityforum.gov](http://www.mainequalityforum.gov)).

Maine is the only state in the United States to have an all payer paid claims database. Individual insurance companies and employer coalitions have attempted to profile the clinical activity of providers using a database such as a paid claim database. Their efforts have been only partially successful in part because they could capture only a portion of a provider's activity. With the Maine all payers database, the Maine Quality Forum has a unique opportunity to advance the quality improvement science utilizing a paid claim database that includes most of the medical care delivered in Maine. The Maine Health Data Organization will release the paid claim database of 2003 in April 2005. The initial release will not include Medicare and MaineCare, both of which will be in

future releases. The Maine Quality Forum has an active request for proposal intended to bring in a partner with an established national reputation to assist in the conversion of data to information and knowledge. The Maine Quality Forum anticipates that the paid claim database will be the resource that allows the Forum to provide meaningful information to Maine citizens about their healthcare.

## MAINE HEALTH DATA ORGANIZATIONS SUPPORT OF QUALITY REPORTS

The Maine Health Data Organization (MHDO) led by Al Prysunka cooperates with the Agency for Healthcare Research and Quality (AHRQ) to generate quality reports that allow Maine to determine its relative position within the United States.

## HOW MAINE COMPARES WITH OTHERS

### METHODS

The following tables are derived from data obtained from the Agency for Healthcare Research and Quality within the Federal Department of Health and Human Services. The data comes from such organizations as the Maine Health Data Organization at the state level. The indicators were developed by AHRQ to meet the criteria of precision, bias and construct validity. They represent the state of the art of measurement of quality and safety on the Federal level.

### A. PREVENTION QUALITY INDICATORS

Using the most recently available data analysis from 2001 allows us to compare Maine with the Northeast Region and the U.S. In *Table A* below the blue text identifies areas where Maine clearly performs better than the Northeast and/or the US. The red text identifies where Maine clearly performs worse than the Northeast and/or the US. The black text identifies indicators where Maine is not measurably different from the Northeast or the United States. The data show that Maine does well with diabetes and asthma. Conversely, the data show that Maine does poorly with diseases related, in part, to tobacco use such as chronic lung disease (COPD) and angina. Maine performed poorly with immunizations for pneumonia and flu.

**Table A.**

<b>Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators Healthcare Cost and Utilization Project Nationwide Inpatient Sample and State Inpatient Databases, 2001</b>			
AHRQ Prevention Quality Indicators	Maine	Northeast	Total U.S.
	Adjusted rate <sup>1,2,3</sup>	Adjusted rate <sup>1</sup>	Adjusted rate <sup>1</sup>
Adult admissions for diabetes with short-term complications	39.892	48.583	52.367
Adult admissions for diabetes with long-term complications	104.357	130.392	117.098
Adult admissions for uncontrolled diabetes without complications	10.693	31.422	26.822
Lower extremity amputations for adults with diabetes	41.416	41.788	38.724
Adult asthma admissions	81.981	137.298	112.842
Pediatric asthma admissions	106.210	314.472	188.601
Adult admissions for chronic obstructive pulmonary disease (COPD)	297.980	238.129	257.445
Adult admissions for congestive heart failure (CHF)	410.185	501.138	494.972
Adult admissions for angina	82.185	66.450	58.694
Dehydration admissions	131.378	142.414	141.911
Urinary infection admissions	114.411	134.476	143.725
Immunization-preventable pneumococcal pneumonia admissions for elderly, age 65+	115.852	65.983	79.426
Immunization-preventable influenza admissions for elderly, age 65+	15.117	8.263	13.357
Source: Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project (HCUP). State estimates are from the State Inpatient Databases (SID), and not all States participate in HCUP. Estimates for the total U.S. and regions are from the Nationwide Inpatient Sample, which is drawn from the SID and weighted to give national estimates.			
<sup>1</sup> Rates are adjusted by age and gender. P-values were calculated for pair-wise comparison of Maine rates to the Northeast and U.S. rates for test of statistical difference.			
<sup>2</sup> If Maine rates are statistically significantly better than the Northeast or U.S. rates, the text is colored blue.			
<sup>3</sup> If Maine rates are statistically significantly worse than Northeast or US rates, the text is colored red.			



## B. HOSPITAL CARE QUALITY and C. PATIENT SAFETY INDICATORS

Based on 2001 data, one can review Maine's comparative performance in actual delivery of care. In *Table B* below one can see that Maine for the most part was not different from its neighboring states or the U.S. We did do better with survival for pneumonia. We compared poorly on death after stroke, death after hip fracture, and attempting vaginal births on women who previously had a cesarean section. These particular indicators may be affected by provider philosophy also.

In *Table C* below where comparison with U.S. only is available one can see that Maine did very well with avoiding:

- decubitus ulcers,
- respiratory failure after surgery,
- deep venous thrombosis and its complications after surgery, and
- blood infections after surgery.

Maine's performance on birth trauma is concerning and as of yet not further examined.

**Table B.**

Agency for Healthcare Research and Quality (AHRQ) Inpatient Quality Indicators Healthcare Cost and Utilization Project Nationwide Inpatient Sample and State Inpatient Databases, 2001			
AHRQ Inpatient Quality Indicators	Maine Adjusted rate <sup>1,2,3</sup>	Northeast Adjusted rate <sup>1</sup>	Total U.S. Adjusted rate <sup>1</sup>
Deaths per 1000 admissions with coronary artery bypass graft (CABG) for age 40 and older	28.911	30.613	32.998
Deaths per 1000 adult admissions with craniotomy not for trauma	71.030	75.141	71.777
Deaths per 1000 admissions with uncomplicated hip replacement	2.770	2.651	2.891
Deaths per 1000 adult admissions age 40 and older with percutaneous transluminal coronary angioplasties (PTCA)	12.595	14.767	14.423
Deaths per 1000 admissions with carotid endarterectomies (CEA)	4.631	9.129	6.798
Deaths per 1000 adult admissions with acute myocardial infarction (AMI)	95.283	98.394	99.051
Deaths per 1000 adult admissions with congestive heart failure	48.050	49.514	44.698
Deaths per 1000 adult admissions with acute stroke as principal diagnosis	153.443	120.565	113.624
Deaths per 1000 adult admissions with gastrointestinal (GI) hemorrhage as principal diagnosis	30.885	34.479	31.463
Deaths per 1000 adult admissions with hip fracture	35.828	31.831	29.585
Deaths per 1000 adult admissions with pneumonia	81.532	90.111	84.700
Cesarean deliveries per 1000 deliveries	241.860	244.028	250.314
Vaginal births per 1000 women with previous Cesarean deliveries	173.330	244.186	220.224
Bilateral cardiac catheterizations per 1000 heart catheterizations	170.432	102.732	80.120
Coronary artery bypass grafts (CABG) for adults age 40 years and older	283.319	322.137	310.175
Percutaneous transluminal coronary angioplasties (PTCA) for adults age 40 years and older	529.344	596.124	605.631
Hysterectomies for adults per 100,000 female population age 18 years and older	586.333	358.663	503.278
Laminectomies or spinal fusions for adults per 100,000 population age 18 years and older	235.675	242.472	261.281
Source: Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project (HCUP). State estimates are from the State Inpatient Databases (SID), and not all States participate in HCUP. Estimates for the total U.S. and regions are from the Nationwide Inpatient Sample, which is drawn from the SID and weighted to give national estimates.			
<sup>1</sup> Rates are adjusted by age and gender. P-values were calculated for pair-wise comparison of Maine rates to the Northeast and U.S. rates for test of statistical difference			
<sup>2</sup> If Maine rates are statistically significantly better than the Northeast or U.S. rates, the text is colored blue.			
<sup>3</sup> If Maine rates are statistically significantly worse than Northeast or US rates, the text is colored red.			

**Table C.**

<b>Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators Healthcare Cost and Utilization Project Nationwide Inpatient Sample and State Inpatient Databases, 2001</b>			
<b>AHRQ Patient Safety Indicators</b>	<b>Maine Adjusted rate<sup>1,2,3</sup></b>	<b>Northeast Adjusted rate<sup>1</sup></b>	<b>Total U.S. Adjusted rate<sup>1</sup></b>
<b>Complications of anesthesia per 1000 surgical discharges</b>	0.618	0.692	0.802
<b>Decubitus ulcers per 1000 discharges of length 4 or more days</b>	14.987	25.203	24.437
<b>Postoperative respiratory failure per 1000 elective-surgery discharges</b>	2.651	2.828	3.541
<b>Postoperative pulmonary embolus or deep vein thrombosis (DVT) per 1000 elective-surgery discharges</b>	6.596	9.534	8.615
<b>Postoperative septicemia per 1000 elective-surgery discharges of longer than 3 days</b>	6.313	8.523	10.070
<b>Birth trauma per 1000 live births</b>	21.113	9.865	7.358
<b>Obstetric trauma per 1000 Cesarean deliveries</b>	4.787	7.481	5.715
<b>Foreign body left in during procedure in hospital per 100,000 population</b>	1.357	1.044	1.143
<b>Transfusion reactions in hospital per 100,000 population per 100,000 population</b>	††	0.074	0.054
Source: Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project (HCUP). State estimates are from the State Inpatient Databases (SID), and not all States participate in HCUP. Estimates for the total U.S. and regions are from the Nationwide Inpatient Sample, which is drawn from the SID and weighted to give national estimates.			
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## DISCUSSION

The data demonstrates that given the state of the art of quality and safety reporting, Maine compares favorably with the national average on most indicators. However, the quandary results from the fact that our nation does not compare favorably with other advanced nations, particularly when one considers the resources we expend for our health.

Dr. McGlynn, in the widely reported Rand study, demonstrated that all communities extensively studied in the United States failed to provide needed and accepted medical care. When Dr. McGlynn compared healthcare delivered against what experts agreed was the best practice in each situation, only approximately sixty percent of required care was delivered. Thus, while Maine

does compare favorably with the nation and the region, the bar against which we compare ourselves is set too low.

#### IV.

#### **LOOKING AHEAD**

##### *The challenge*

The challenge is change. Our challenge is to use public reporting of information and outreach activities to stimulate systemic change that improves the safety, efficacy, timeliness, efficiency, equity, and patient-centeredness of Maine's healthcare system.

##### *Barriers*

Even when there is no reasonable alternative, change is uncomfortable and threatening. Systemic change is difficult in a system that is highly complex, decentralized, highly stable, and driven by economic self-interest. Providing public information describing health providers' efforts is difficult because of the complexity of the care and the slow maturation of measurement systems. Reputation is everything for a provider and therefore descriptive information must be as accurate and reliable as is reasonable.

##### *Our Response*

Change requires measurement. Further, we know that people and systems change in the direction of measurement. Every effort that has improved quality and safety has started with a valid, transparent, reproducible, and actionable indicator. The indicator may describe structure of a provider, the process of care and even the actual outcome of care. Maine Quality Forum continues to invest in the infrastructure necessary to provide information to inform change. This effort depends greatly on partners and collaborators, all of whom are pursuing the same goals.

Change requires leadership, common vision, and resources. Maine is fortunate in that many organizations have been pursuing the goal of improved quality and safety for decades. Maine Quality Forum will continue to work with all organizations sharing our goals. We will help provide public recognition of innovators and leaders. We will help facilitate data and information exchange by investing in databases and analysis techniques that facilitate action on the part of providers, the public and payers. We will continue to collaborate with others in building an electronic health information infrastructure that will allow each patient to have an electronic health record. We will continue to support an electronic health information exchange with patient-controlled access to improve quality,

safety and efficiency. We will continue our efforts to provide citizens with information that is understandable, meaningful, accurate and actionable.

**V.**

**STAY CURRENT and DIG DEEPER with MQF**

Our web site [www.mainequalityforum.gov](http://www.mainequalityforum.gov) is our primary resource for providing current information and knowledge to Maine citizens. An annual report serves as a marker in time but quickly becomes less relevant. For more depth and current information please review our website.

[www.mainequalityforum.gov](http://www.mainequalityforum.gov)